

OFFICE OF TOURISM

P.O. Box 101711
Pasadena, CA 91189-1711

Phone: 916.322.1266
Fax: 916.322.3402
californiatourism.ca.gov



**PASSENGER CAR RENTAL INDUSTRY
TOURISM ASSESSMENT FORM**

Section I. Parent or Billing Information

BIL ID # _____
Name of Company _____
Contact Name/Title _____
Billing Address _____
Phone Number _____ Fax Number _____
Email Address _____

Section II. Assessment Calculation:

a. Tourism ID # _____
b. Enter the ending month and year: _____
c. Enter your revenue* for the month identified above: _____
d. Multiply line "c" by the assessment rate of 0.035. x 0.035
e. Assessment calculation: \$ _____
f. Enter amount collected from the customer: \$ _____
g. Total Assessment Due (greater of line "e" or "f") \$ _____

Payment is due to the Office within 25 days of each month end.

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Section III. Certification

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Representative

Date

Printed Name of Authorized Representative

Make checks payable to the "California Travel and Tourism Commission" and mail with form to:

Office of Tourism
P.O. Box 101711
Pasadena, CA 91189-1711

*Revenue is as defined in Title 10, California Code of Regulations section 5350(aa)